

**APPLICATION FOR PAYMENT OF ATTORNEY FEES FOR ATTORNEY UNDER
ARTICLE 5 OF THE PROBATE CODE- PROTECTION OF PERSONS UNDER DISABILITY AND
THEIR PROPERTY**

[Please print or type information]

PAYEE: _____ Vendor No. _____

Last Name, First Name, Middle Initial (separate by commas)

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

TELEPHONE: _____ TAX ID NO. _____

CLIENT NAME: _____ CASE NUMBER: _____

JUDICIAL DISTRICT NUMBER: _____ COUNTY: _____

[] APPOINTMENT ORDER ATTACHED

TO: _____,
DISTRICT COURT JUDGE.

I respectfully submit application for payment of fees as the court-appointed attorney as provided by Article 5 of the Probate Code (Protection of Persons Under Disability and their Property), NMSA 1978, §45-5-303(C) (1998). I understand that this application will not be processed for payment if it has not been received by the district court within 30 days of **completion** of milestone event/hearing and that payment is contingent upon the availability of funds.

Type of Hearing (check one)	Date of Hearing	Fee (Hours expended X \$30.00)	Maximum Fee (not to exceed)
[] Appointment of Guardian for Incapacitated Person			\$240.00

Attorney Signature

Date

District Court Judge or Designee

Date